

UTAH PROFESSIONAL PRACTICES ADVISORY COMMISSION

NOTIFICATION OF ALLEGED EDUCATOR MISCONDUCT

Name of Educator \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School/District Assignment \_\_\_\_\_

Type of Offense	_____	Drugs
	_____	Alcohol
	_____	Sexual activity with student(s)
	_____	Other sexual activity in violation of educator ethics (R686-103)
	_____	Attempted misuse/misuse of school or district-owned computer equipment
	_____	Attempted misuse/misuse of school or district funds
	_____	Other _____
		_____

Were student(s) involved ? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief Explanation of Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Incident \_\_\_\_\_

District Action to Date \_\_\_\_\_

Criminal Action, if Any (Include case no., arresting/charging law enforcement entity, name(s) of law enforcement individual(s) involved) \_\_\_\_\_  
\_\_\_\_\_

\*Suggestions for Witness(es) to Contact (Please provide name and telephone no., if available) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* UPPAC staff will not contact witnesses prior to discussion with appropriate district personnel.

\*\*Other Information \_\_\_\_\_  
\_\_\_\_\_

\*\*Attach additional information, as desired.

PROVIDED BY:	Name _____
	District _____
Date _____	Address _____
	_____ Telephone No. _____

**RETURN TO:**

**Carol B. Lear, Executive Secretary**  
**Utah Professional Practices Advisory Commission**  
**250 East 500 South**  
**P. O. Box 144200**  
**Salt Lake City, Utah 84114-4200**  
**(801) 538-7835**  
**FAX: (801) 538-7768**